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**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90065 011 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42591**

1. Corporation Name  
**OAKVIEW LAKES HOMEOWNERS ASSOCIATION, INC.**

438198 - 90065 - 11

Principal Place of Business 300 S WASHINGTON AVE #83 FT MEADE FL 33841 US	Mailing Address 300 S WASHINGTON AVE #83 FT MEADE FL 33841 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/15/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2951321
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  MAKER, ARWYN 300 W WASHINGTON SUITE 28 FT MEADE FL 33841	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Arwyn Maker* DATE: *April 24, 1999*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTOCK, RICHARD 300 S WASHINGTON, SUITE 12 FT MEADE FL 33841	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D CANFIELD, SHIRLEY 300 S. WASHINGTON SUITE 246 FORT MEADE, FL. 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMERY, AGNES 300 S WASHINGTON SUITE 235 FT MEADE FL 33841	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D MARSHALL, JACK 300 S. WASHINGTON SUITE 236 FORT MEADE, FL. 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KALETA, IRENE 300 S WASHINGTON SUITE 223 FT MEADE FL 33841	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POTTIEGER, BARBARA 300 S WASHINGTON SUITE 102 FT MEADE FL 33841	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNKER, WILLIAM 300 S WASHINGTON SUITE 247 FT MEADE FL 33341	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANZAK, BOBBIE 300 W WASHINGTON SUITE 84 FT MEADE FL 33841	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Mattock* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 4/25/98 Daytime Phone #: 941-285-1271

CR2E037 (11/98)